Screening Guidelines

Healthcare providers assume responsibility for comprehensive breast and cervical cancer, cardiovascular, and diabetes screening services and must:

- Have a medical supervisor/director to ensure that healthcare providers are competent and proficient in clinical screening services and related patient education and counseling and to ensure that professional credentials are current.
- Provide pelvic examination, in conjunction with a Pap test and clinical breast examination by a healthcare provider and referral for screening and/or diagnostic mammogram as indicated per screening guidelines.
- Provide and participate in patient education activities with assistance from EWM as needed or requested. The education/counseling includes: breast self-examination instruction, screening guidelines, risk factor information, recommendations for positive lifestyle changes and counseling on abnormal findings and necessary follow up.
- Utilize laboratories and refer enrolled clients for mammography and breast ultrasound to an approved Referral Provider.
- Provide or refer for colposcopy and colposcopy-directed biopsy of cervical lesions. These services shall be provided by a healthcare provider who has received specialized training in colposcopy and/or colposcopy-directed biopsy. Healthcare providers must refer enrolled clients to an approved Referral Provider.
- Provide or refer for diagnosis and treatment of high-grade lesions to an OB/GYN.
- Provide or refer for fine needle or cyst aspiration of palpable breast lumps or breast lesions apparent on mammography. These services shall be provided by an approved, licensed healthcare provider who has received specialized training in breast fine needle and/or cyst aspiration. Healthcare providers must refer enrolled clients to an approved Referral Provider.
- Provide cardiovascular and diabetes screening as described in the Screening Guidelines Section. Discuss and advise clients with elevated cholesterol, blood pressure, blood glucose, or body mass index, based on their lab values, on strategies to reduce their risk factors and attain healthiest screening outcomes. See Cardiovascular Screening Protocols Section.

- Computer Aided Detection (CAD) is **NOT** reimbursable.
- Magnetic Resonance Imaging (MRI) is **NOT** reimbursable.

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Who Can \	Who Can You Enroll & What Scree	ning and Diagnostic Ser	at Screening and Diagnostic Services Can They Receive?
ENROLLMENT	SCREENINGSERVICES	DIAGNOSTIC SERVICES	ADDITIONAL SERVICES
Who can be enrolled?	What screening services are available?	What diagnostic service can they receive?	After client is enrolled, what additional follow up services is she eligible for?
Women 18 through 39 years of age who have a palpable breast mass suspicious for malignancy *EWM highly encourages every client with a suspicious breast mass to be referred to a surgeon. The CDC recommends that every client 18 years of age and older with a suspicious clinical breast exam be referred to a surgeon.	• NONE	 Surgeon may order imaging after consultation Breast Ultrasound (Must be preauthorized) **Reimbursement for breast ultrasound needs to be preauthorized for clients 18-39, except when recommended by a radiologist following a diagnostic mamma gram in clients 30-39. Approval is based on funding availability. Client must be at least 30) Fine Needle/Cyst Aspiration Ultrasound Guided Fine Needle/Cyst Aspiration Repeat Breast Exam Biopsy: Needle Core w/ or w/out imaging Mammotome Open Incision/ABBI w/ or w/out maging Excision w/ or w/out imaging Excision w/ or w/out imaging For cervical diagnostic Enrollment/Follow Up and Treatment Plan (Section 2, Page 3) (example of this form located in the Forms & Materials Section on Page 11-4) 	• NONE
Women 40 and above not covered by Medicare Part B	 Pap Test biennially (every 2 years) Pelvic Exam in conjunction with clinical breast exam and/or Pap test Clinical Breast Exam (CBE) Teaching of Breast Self-Exam (BSE) Screening Mammography Blood Pressure according to guidelines Height, Weight and Waist Circumference according to guidelines Fasting lipids to include total cholesterol and HDL according to guidelines Fasting glucose according to guidelines Alc if previously diagnosed with diabetes according to guidelines 	 Breast Ultrasound Diagnostic Mammography -Compression, Magnification, Additional Views, etc. Fine Needle/Cyst Aspiration Ultrasound Guided Fine Needle/Cyst Aspiration Repeat Breast Exam Biopsy: Needle Core w/ or w/out imaging Mammotome Open Incision/ABBI w/ or w/out imaging imaging Excision w/ or w/out imaging 	 Follow up Pap test according to the 2006 ASCCP guidelines and with pre-authorization after abnormal Pap test/Colposcopy Follow up CBE Follow up Ultrasound Follow up Mammography
	(Services available according to screening services listed on Screening Visit Card)	For cervical diagnostic services see the Cervical Diagnostic Enrollment/Follow Up and Treatment Plan (Section 2, Pg 3) (example of this form located in the Forms & Materials Section on Page 11-4)	NOTE: If 2006 ASCCP Guidelines indicate cytology at 6 months and 12 months or HPV testing at 12 months, EWM will ONLY pay for HPV testing at 12 months.

	Screening Visit						
	Clients 18-39 (ENROLLED PRIOR TO JULY 1, 1997)						
Exams	Clients Should Receive:	Paperwork the healthcare provider completes:	What you give the client:				
1. 2. 3. 4.	Clinical Breast Exam Teach/Review Breast Self Exam Pelvic Exam * Screening Pap test biennially (every 2 years)	1. EWM Screening Visit Card that the client brought with her. 2. Affix the Red and White sticker to the lab requisition for the Pap test evaluation so the lab will bill EWM. For clinics using electronic submission of lab requisition indicate EWM for billing purposes. Example Sticker: Every Woman Matters 1-800-532-2227 (Example of Screening Visit Card located on page 3-5)	No paperwork given to client at this time.				

Pelvic exam must be in conjunction with a Pap test and/or clinical breast exam in order to be reimbursed.

NOTE: Clients enrolled prior to July 1, 1997, will be issued Screening Visit Cards by EWM. No new client under 40 can be enrolled for screening. (See Breast or Cervical Diagnostic Enrollment Guidelines on pages 2-2 through 2-4 for enrollment for diagnostic services)

NOTE: Screening mammography is not reimbursable for clients under the age of 40.

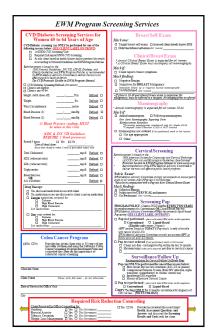
Screening Guidelines

Example of form for Screening Visit for Clients 18-39

(enrolled prior to July 1997)



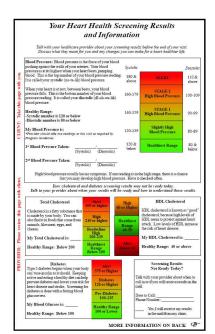


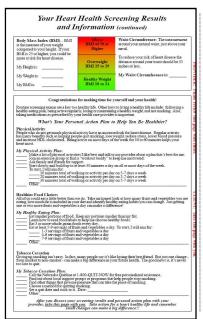


Client completes

Client completes

Provider completes





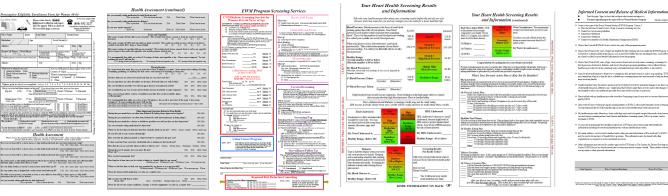
Provider and Client completes these two pages together

Screening Visit Card (5 pages)

		Screening Visit	
		Clients 40-64 Years	
Exams	Clients Should Receive:	Paperwork the healthcare provider completes:	What you give the client:
1.	Clinical Breast Exam- Annually Teach/Review Breast Self Exam	1. Page 3 of Pink Enrollment or EWM Screening Card that the client brought with her. If cholesterol and glucose results are not immediately available, record when	1. EWM Mammography Reporting Form (if mammogram ordered) (gray shaded area must be completed by the healthcare provider) for the client to take
3.	Mammography • 40-49: every 1-2 years at discretion of clinician • 50+: Annually	available. Submit Screening Visit Card to EWM within two (2) weeks of date of service. 2. EWM Mammography	to an approved mammography facility. 2. Screening Visit Card (pages 4 and 5) for client to take with
4.	Pelvic Exam*	Reporting Form (gray shaded area must be completed by the	her. These two pages give the client and healthcare
5.	Screening Pap test biennially (every 2 years)	healthcare provider). 3. Affix the Red and White	provider a place to write down the client's cardiovascular/ diabetes screening results.
6.	Blood pressure (two readings are required during visit)**	sticker to the lab requisition for the Pap test evaluation so the lab will bill EWM.	This is also a place for the client and healthcare provider to talk about goals to improve the clients' cardiovascular/
7.	Fasting Lipid Panel or Basic Metabolic Panel to include total cholesterol and HDL timing in accordance with screening guidelines-see page 3-24**	For clinics using electronic submission of lab requisition indicate EWM for billing purposes.	diabetes health.
8.	Fasting blood glucose or A1c timing in accordance with screening guidelines-see page 3-18**	Every Woman Matters	
9.	Weight, Height with shoes off, and Waist Circumference**	1-800-532-2227	
10.	Risk factor evaluation based on the Health Risk Assessment on the Screening Visit Card**	(Example of Pink Enrollment and Screening Visit Card located on page 3-7)	(Example of EWM Mammography Reporting Form located on page 3-7)

- * Pelvic exam must be in conjunction with a Pap test and/or clinical breast exam in order to be reimbursed.
- ** In order to be reimbursed for these exams, cardiovascular screening must be in conjunction with breast and cervical cancer screening and follow CVD Screening Guidelines set forth on page 3-18).

Example forms for Screening Visit for Clients 40-64



Client completes

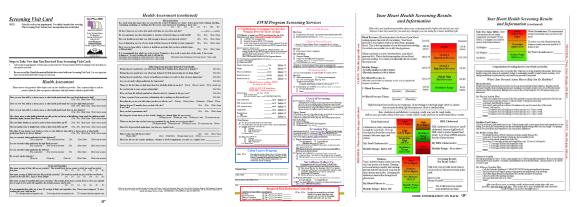
Client completes

Provider completes

Client and Provider completes together

Client completes

Presumptive Eligibility Enrollment Form (pink) (6 pages)



Client completes

Client completes

Provider completes

Client and Provider completes together

Screening Visit Card (5 pages)



Provider completes gray shaded area

Mammography Reporting Form

	Diagnostic Mammograph	hy
EWM will pay for this when:	Paperwork the healthcare provider completes:	What you give the client:
Clients enrolling for diagnostic services, who are 30-39 years of age and who have a palpable mass suspicious for malignancy. *EWM highly encourages every client with a suspicious breast mass to be referred to a surgeon.	 Breast Diagnostic Enrollment/ Follow Up and Treatment Plan (Section 1 indicating referral to a surgeon) EWM Mammography Reporting Form (gray shaded area must be completed by the healthcare provider) 	1. EWM Mammography Reporting Form (gray shaded area must be completed by the healthcare provider) for the client to take to an approved mammography facility.
Clients of at least 40 years of age, who have had a mammogram indicating Assessment Incomplete.	 Breast Diagnostic Enrollment/ Follow Up and Treatment Plan (Sections 1 and 2) EWM Mammography Reporting Form (gray shaded area must be completed by the healthcare provider). (Example of the Breast Diagnostic Enrollment/Follow Up and Treatment Plan form located on page 3-9) 	1. EWM Mammography Reporting Form (gray shaded area must be completed by the healthcare provider) for the client to take to an approved mammography facility. (Example of the EWM Mammography Reporting Form located on page 3-9)

Breast Ultrasound					
EWM will pay f	for this when:	_	work the healthcare der completes:	What	you give the client:
Client is 18-39 year suspicious palpable *Reimbursement for ultrasound needs particulties 18-39, experienced by a following a diagnor in clients 30-39. For breast ultrasour funding availability	e mass or breast oreauthorization except when oradiologist estic mammogram breauthorization and is based on	1.	Breast Diagnostic Enrollment/ Follow Up and Treatment Plan (Section 1 and Preauthorization on Page 4) EWM Mammography Reporting Form (gray shaded area must be completed by the healthcare provider)	1.	Section 1 and 2 of the Breast Diagnostic Enrollment/Follow Up and Treatment Plan for the client to take to an approved referring surgeon. EWM Mammography Reporting Form (gray shaded area must be completed by the healthcare provider)
Client is 40 years of suspicious breast reclinical breast exambenign screening of mammogram or As Incomplete mammo	nalignancy on n with negative/ or diagnostic sessment	Enrollm	Complete Section 1 and 2 of the Breast Diagnostic Enrollment/Follow Up and Treatment Plan EWM Mammography Reporting Form (gray shaded area must be completed by the healthcare provider). le of the Breast Diagnostic ent/Follow Up and Treatment m located on page 3-9)		EWM Mammography Reporting Form (gray shaded area must be completed by the healthcare provider) for the client to take to an approved ultrasound facility. le of the EWM Mammography ing Form located on page 3-9)

NOTE: Reimbursement for breast ultrasound needs **preauthorization** for clients 18-39, **except** when recommended by a radiologist following a diagnostic mammogram in clients 30-39. **Preauthorization** for breast ultrasound is based on funding availability.

Example forms for Diagnostic Mammography and Breast Ultrasound

Breast Diagnostic Enrollment/Follow Up and Treatment Form (5 pages)

3	Breast Diagnostic Enrolls	ment/Follow Up an	Treatment Plan	n for Hom	ien 18 - 64
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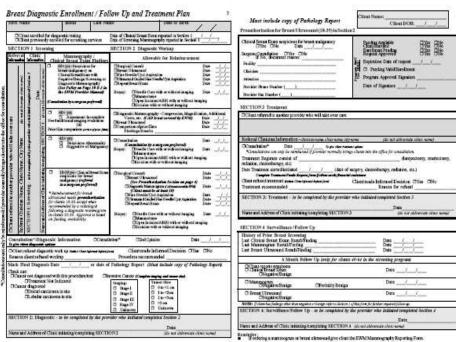
Instructions for Providers

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Client completes



Client completes



Provider completes

Provider completes



Provider completes gray shaded area

Mammography Reporting Form

F	ine Needle or Cyst Aspira	tion		
EWM will pay for this when:	Paperwork the healthcare provider completes:	What you give the client:		
Client is 18-39 years old with suspicious palpable mass	1. Breast Diagnostic Enrollment/ Follow Up and Treatment Plan (Section 1 indicating referral to surgeon)	1. If referring to another healthcare provider, give client the Breast Diagnostic Enrollment/Follow Up and Treatment Plan to take to an approved referral healthcare provider.		
Client is 40 years old or older with suspicious breast malignancy on clinical breast exam with negative/benign screening or diagnostic mammogram or assessment incomplete mammogram.	1. Breast Diagnostic Enrollment/ Follow Up and Treatment Plan (Section I and 2)	If referring to another healthcare provider, give client Breast Diagnostic Enrollment/ Follow Up and Treatment Plan to take to an approved referral healthcare provider.		
	(Example of the Breast Diagnostic Enrollment/Follow Up and Treatment Plan form located on page 3-11)	(Example of Breast Diagnostic Enrollment/Follow Up and Treatment Plan form located on page 3-11)		

	Breast Biopsy	
EWM will pay for this when:	Paperwork the healthcare provider completes:	What you give the client:
Client is 18-39 years old with suspicious palpable mass	1. Breast Diagnostic Enrollment/ Follow Up and Treatment Plan (Section 1 indicating referral to surgeon)	If referring to another healthcare provider, give client the Breast Diagnostic Enrollment/Follow Up and Treatment Plan to take to an approved referral healthcare provider.
Client is 40 years old or older with mammogram results of suspicious abnormality or suggestive of malignancy.	Breast Diagnostic Enrollment/ Follow Up and Treatment Plan (Section 1 and 2)	If referring to another healthcare provider, give client the Breast Diagnostic Enrollment/Follow Up and Treatment Plan to take to an approved referral healthcare provider.
	(Example of the Breast Diagnostic Enrollment/Follow Up and Treatment Plan form located on page 3-11)	(Example of Breast Diagnostic Enrollment/Follow Up and Treatment Plan form located on page 3-11)

Example forms for Fine Needle or Cyst Aspiration and **Breast Biopsy**

Breast Diagnostic Enrollment/Follow Up and Treatment Form (5 pages)

NEW FORM INSTRUCTIONS itructions on how to complete the Breast Diagnostic Enrollment / Follow Up	Breast Diagnostic Envolument / Follow Up and Treatment Plan for Women 1 East Vision of Solits Brown and Association (Association Solitate Brown)
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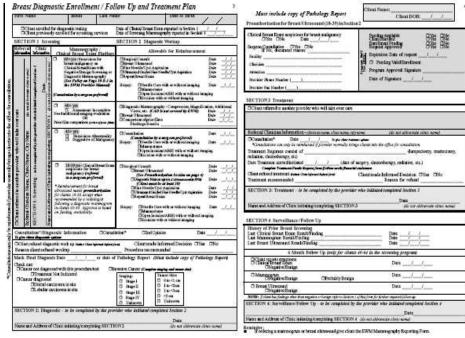
Instructions for Providers

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Client completes

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EWM will pay for this when:	Paperwork the healthcare provider completes:	What you give the client:	
Preauthorization Before you contact EWM for pre-authorization, please check your request to confirm that it follows the 2006 ASCCP Guidelines. Note: If the 2006 ASCCP Guidelines indicate cytology at 6 months and 12 months OR HPV testing at 12 months, EWM will ONLY pay for HPV testing at 12 months. (See Policy 10 C-7). See algorithms in Cervical Protocols Section of this manual.	1. Cervical Diagnostic Enrollment/Follow Up and Treatment Plan (Pre- authorization portion located in Section 4) All Surveillance/Follow Up cytology and HPV testing at 12 months to be documented under Surveillance/Follow Up Section on the Annual Screening Visit Card. 2. Affix the Red and White Sticker to the lab requisition so the lab will bill EWM. For clinics using electronic submission of lab requisition indicate EWM for billing purposes. Example Sticker: Every Woman Matters 1-800-532-2227 (Examples of the Cervical Diagnostic Enrollment/Follow Up and Treatment Plan form are located on page 3-13)	1. No paperwork given to the client at this time.	

SECTION 1 Screening

	Keferral Information	Informat	e ion	Pap	Test Finding	Recommendations	Allowable for Reimbursement
Ī	name)	1	me)	ΠNe	egative/Benign	Colposcopy with biopsy with visible suspicious cervical lesion	
	do not abbreviate clinic name)	d Section	e clinic name)	-	ASC-US with +HPV ≥ 21 yrs		Colposcopy with
ı	и авбие	omplete	do not abbreviate		LSIL ≥21 yrs	Colposcopy with biopsy	□Endocervical Sampling □Cervical biopsy Date//
ı	ш ор)	itiated/con Date	(do not	_	ASC-H ≥ 18 yrs		
	2	who in	_		HSIL 18-20 yrs	Immediate LEEP unacceptable	
1	over care. ame, city nam	he provider	SECTION	0	HSIL ≥21 yrs	Colposcopy with biopsy or LEEP with strong consideration for colposcopy first instead of treatment for younger women	Colposcopy with Endocervical Sampling Cervical biopsy OR LEEP Date//
	Ш take c <u>imic n</u>	d by t	pleting		Squamous Cell Carcinoma	Treatment referral to OB/GYN	Complete Section 3
	UrChent Referred to another provider who will take over care. Referral Clinician Information - <i>clinician name</i> , chiric name, city name	SECTION 1: Screening - to be completed by the provider who initiated/completed Section Date	Address of Clinic initiating/completing SECTION	0	□Abnormal va □Obesity B	biopsy criteria: szinal bleeding MI Ovarian Syndrome (PCOS) tions leading to chronic anovulation	AGC Results All three procedures must be performed Colposcopy with Dendocervical Sampling Cervical biopsy HPV Testing Endometrial biopsy Date FWM may request documentation to support diagnosis
1	mother	ining.	(Chin)	0	AGC ≥ 35 yrs	Atypical Endometrial Cells	□Endometrial biopsy Both procedure; must be performed on name di □Endocervical sampling Date//
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SECTION 2 Diagnostic Workup

Example forms for Pap Test for Short Interval Follow Up

Cervical Diagnostic Enrollment/Follow Up and Treatment Form (6 pages)

NEW FORM INSTRUCTIONS Instructions on how to complete the Cervicel Diagnostic Entellment / Follow Up and Treatment Plan:	Cerrical Crostory Acrogram	Fung Minera officiant Q. Please write .	ellow Up and Treatment Plan for Women charts Shaded beau in one pay 2 total be to are pay 2 total be to asset he the rest of
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Instructions for Providers

Provider Education

Cervical Diagnostic Enrollment / Follow Up and Treatment Plan

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NOTE: Expect that 98% of clients re	ceive colposcopy with biopsy.	

SECTION 1 Screening SECTION 2 Diagnostic Workup

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Example forms for Colposcopy and Colposcopy-directed Biopsy

Cervical Diagnostic Enrollment/Follow Up and Treatment Form (6 pages)

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Instructions for Providers

Provider Education

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SECTION 1 Screening

SECTION 2 Diagnostic Workup

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Example forms for LEEP for Diagnosis

 $Cervical\ Diagnostic\ Enrollment/Follow\ Up\ and\ Treatment\ Form\ (6\ pages)$

NEW FORM INSTRUCTIONS Instructions on how to complete the Cervicel Diagnostic Enrollment / Follow Up and Treatment Plan:	Control Control Name of	Cervical Diagnostic Eurolimens / F	o churts. Shaded become	Plan for Women 18 - #5 Version August A Call to Eyechon good
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Instructions for Providers

Provider Education

Client completes

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Provider completes

	Cardiovascular/	Diabetes Screening	
EWM CVD/Diabetes Screening services:	EWM will pay for this when:	Paperwork the healthcare provider completes:	Follow Up services:
 Height/Weight Measurements Two blood pressure readings Waist circumference measurement Total cholesterol test and HDL Fasting blood glucose or an HgA1C test if client diagnosed diabetic 	1. Client 40-64 is brand new to the EWM Program (never been enrolled or screened at anytime). Client is eligible to receive an initial CVD screening at her first breast and cervical visit. 2. Client 40-64 is eligible to receive a second required CVD screen at her next annual B&C visit (12-18 months after initial screening). 3. Client 40-64 and is at risk based on health history and/or previous lab results or according to National Guidelines and EWM Program Policies. NOTE: Client Screening history on label on front of Screening Visit Card.	1. Page 3 of the Screening Visit Card within the red box and the recommended goals to improve the clients' CVD/ Diabetes health. The Screening Visit Card must be submitted to EWM in order to receive payment for the screening visit. 2. Counsel the client on the healthcare provider's interpretation of the test results and the recommended treatment, including a review of all results, medications ordered, lifestyle modifications, interventions recommended, and accessible community resources.	1. Give client the "Heart Health Results and Information" (pages 4 and 5) from the Screening Visit Card to take with her. These two pages give the client and healthcare provider a place to write down the client's CVD/Diabetes screening results. This is also a place for the client and healthcare provider to talk about goals to improve the clients' CVD/Diabetes health. (Example of Screening Visit Card located on page 3-19)

EWM does NOT pay for:

- Further diagnostic testing, such as a 12-lead EKG, stress test or other lab work not described in this manual.
- If services are needed that are NOT included on the list or if more than one strategy is recommended to address the client's medical issues, the healthcare provider should discuss possible cost/payment issues and options with the client.

Other services client may be eligible for:

Lifestyle Interventions (LSI's) which refers to giving information to the client about lifestyle changes. Client may receive LSI's according to her lab values as noted below. (See Cardiovascular/Diabetes Protocols Section for more detailed information)

Normal: Refer to no-cost/low-cost community resources

At-risk/Abnormal: 4 month intervention management process with Regional LSI.

Blood pressure of 120-180 systolic or 80-110 dia stolic

Fasting total cholesterol of 200-400 mg/dl Fasting blood glucose 100-375 mg/dl

Alert: 4 month intervention management process with Regional Case Manager

Blood pressure of \geq 180 systolic or \geq 110 diastolic

Fasting total cholesterol of \geq 400 mg/dl Fasting blood glucose \geq 375 mg/dl

Example forms for Cardiovascular / Diabetes Screening





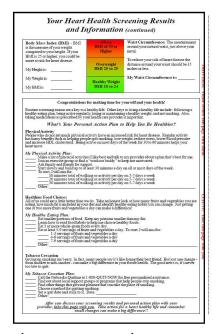


Client completes

Client completes

Provider completes

Your Hear	and Info			g Resuus	
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When your heart is at rest, between b pressure falls. This is the bottom nun pressure reading. It is called your dis blood pressure.	mber of your blood	160-1	.79	STAGE 2 High Blood Pressure	100-10
Healthy Range: -Systolic number is 120 or below -Diastolic number is 80 or below		140-1	.59	STAGE 1 High Blood Pressure	90-99
My Blood Pressure is: *Provider should take two readings at the	us visit as required by	120-1	.39	Slightly High Blood Pressure	80-89
1" Blood Pressure Taken:	tolic) (Disstolic	120 belo		Healthiest Range	80 & below
Your cholesterol a	and diabater reveal	ring cornler			
Talk to your provider about wi				ot be ready today. ow to understand those	results.
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Provider and Client completes these two pages together

Screening Visit Card (5 pages)

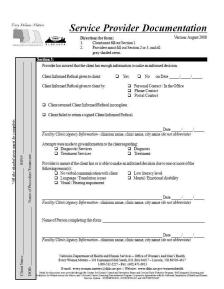
	Other Follow Up Guidelin	nes
Follow Up Timeliness Parameters	Report of Women Deemed Lost to Follow Up	Client's Refusal of Services
The funder of this program, the Centers for Disease Control and Prevention, has set parameters for acceptable timeliness between screening and diagnosis and between diagnosis and treatment. These parameters are: No more than 60 days should elapse between screening and diagnosis No more than 60 days should elapse between diagnosis and the initiation of treatment	All providers must make at least three (3) documented attempts at follow up for clients with abnormal results. The documentation must include the dates and types of contact as well as the results of the contact. Once a provider has exhausted all conventional means to contact a client to return for follow up, the client can be deemed lost to follow up. Failure to show up for a scheduled appointment does not constitute lost to follow up. The provider then notifies EWM of the client's status using the Report of Women Deemed Lost to Follow Up form. EWM then attempts to locate the client to encourage her to return for follow up care. (Example of Report of Women Deemed Lost to Follow Up form located on page 3-21)	In the event of client's refusing diagnostic services or treatment services, the healthcare provider should complete the Client Informed Refusal form. Healthcare providers need to fill in the following: client name, date of birth, social security number (if she has one) and the name of the procedure or treatment the client is refusing in the left margin of the form. The form should be given to the client in person or mailed. If mailed, information should be given verbally to the client by phone to ensure that client has enough information to make an informed decision. If client fails to return or sign the Client Informed Refusal, the reverse side of the Client Informed Refusal should be completed by the healthcare provider. This will indicate whether or not the healthcare provider believes the client had enough information to make an informed decision. (Example of Client Refusal form and the Provider Documentation of Refusal form located on page 3-21)

Example forms for Other Follow Up

Report of Lost to Fo	Women Dee llow Up	med	Every Woman Medition
Call us if you ha (800) 532		exsonable accommodation made for persons with disabilities. TDD (800) 833-7352	NERROS KA Version: August 2008
 Client only lost to f not lost. 	ollow up if you cannot loca	te her. If you know	where she is the client is
Date://_ Date://	(Date provider deemed client w (Date form completed)	as lost to follow up)	
Provider Name, Clinic N Client's Name:	Pleas	e do not abbreviate	
Client's Social Security	nt changed names, please list both no #:		ate of Birth://
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Contact Date	Type of Contact	Results	Leads
must include the dates conventional means to	and types of contacts, as well as	the results of the contactor up, the client can be	loss to follow up. Decumentation t. Once a provider has exhausted of deemed loss to follow up. Failure to
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Report of Women Deemed Lost to Follow Up

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Client Informed Refusal and Service Provider Documentation